

APPENDIX B

QC WORKSHEETS

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Regional Monitor Discussion Form

* Forms revised 1/93.

WORKSHEET QC-1

ORGANIZATION

State _____ Date _____ Reviewer _____

I. Questions

1. Does the QC supervisor (QCS) report to one of the following? Yes ____
No ____

a. A person who has no line responsibility for any function audited by QC.

b. The head or deputy head of the SESA.

c. The head or deputy head of UI, or equivalent, who has staff or line management responsibility for other functions and activities in addition to benefits.

Name, title of QCS' superior: _____

2. Are the QC supervisor and investigators covered by the State Merit System? Yes ____
No ____

3. Does the QC unit have access (by policies and procedures) to the records and data bases necessary to carry out its functions? Yes ____
No ____

II. Conclusion

SESA adheres to QC requirements. ____

SESA does not adhere to QC requirements - agrees to correct. ____

SESA does not adhere to QC requirements - does not agree to correct. ____

III. Explanation

WORKSHEET QC-2

AUTHORITY

State _____ Date _____ Reviewer _____

I. Actions. Enter the number from the "Options" section below which explains how the following are issued:

_____ Monetary redeterminations

_____ Findings of fraud

_____ Nonmonetary determinations/redeterminations

_____ Other actions not included above (OP's, UP's,
voided offsets, etc.) Identify: _____

II. Options

1. The SESA's written policies and procedures give the QC unit the authority to issue determinations/redeterminations when errors are found in a case.

2. The QC unit refers findings to other units to issue determinations/redeterminations, and in the event of disputes with those units, the QC unit has access to a higher authority to obtain resolution.

3. Other (explain) _____

III. Conclusion

SESA adheres to QC requirements. _____

SESA does not adhere to QC requirements - agrees to correct. _____

SESA does not adhere to QC requirements - does not agree to correct. _____

IV. Explanation: _____

WORKSHEET QC-3

WRITTEN PROCEDURES

State _____ Date _____ Reviewer _____

I. Questions

1. Does the SESA QC Operations Handbook cover all investigative and administrative functions of the QC unit? Consider the following: Yes ____
No ____

- Responsibilities of QC staff
- Support - data processing
- Maintaining data files
- Sampling
- Assignment of cases
- Investigations
- Interstate procedures for assisting other States and requesting assistance from other States
- Coding/error classification
- Records - data input, documentation, retention
- Relationships with other SESA units - BPC, Benefits, Tax, Appeals, LOs, JS
- Process for making determinations resulting from QC investigations

2. Have the procedures been adapted to particular circumstances of the State? Consider the following: Yes ____
No ____

- Work search requirements
- ES registration requirements
- Procedures for obtaining necessary dependency information, if applicable
- Procedures for contacts with non-English speaking claimants

3. Ascertain whether or not the requirements of ET Handbook No. 395, including Appendix C - Investigation Guide, have been properly incorporated into SESA procedures:

a. Are the procedures consistent with ET Handbook No. 395? Consider: Yes ___
No ___

- Data collection
- Investigations
- Documentation
- Retention of records
- Reporting

WORKSHEET QC-3

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State _____

Date _____

b. Are the investigative procedures designed to accord with standard SESA fact-finding practices? Yes ___
No ___

c. Do the investigative procedures facilitate the case completion timeliness objectives? Yes ___
No ___

d. Do the SESA procedures outline specifically that hearings be attended by the investigator responsible for the determination being appealed? Yes ___
No ___

e. Do instructions for completing the required formats specify that the investigator must explain if the information was not obtained by an in-person interview, and if not, what attempts to do so were made? (This may be satisfied by space on the formats specifically designated for this information.) Yes ___
No ___

II. Conclusion

SESA adheres to QC requirements. _____

SESA does not adhere to QC requirements - agrees to correct. _____

SESA does not adhere to QC requirements - does not agree to correct. _____

III. Explanation

WORKSHEET QC-4

FORMS

State_____ Date_____ Reviewer_____

I. Questions

Claimant Questionnaire

1. Has the questionnaire been altered as required to cover specific provisions of State law? Consider the following: Yes ___
No ___
N/A ___

- Base period separations
- Base period wages
- Lag period separations
- Work search requirements
- ES registration
- Income during key week
- Dependency allowances

2. Are all changes to the questionnaire adequate to obtain the necessary information? Yes ___
No ___
N/A ___

3. Were changes to the questionnaire limited to those necessitated by specific provisions of State law? Yes ___
No ___
N/A ___

Standard Formats

4. Work Search Verification - Employer

a. Are questions on the form adequate to Yes ___

determine whether claimant's work search contacts were acceptable according to the SESA written law and policy? No ☐

b. Is space provided for signature of the investigator, signature of the person interviewed, and the date? Yes ☐
No ☐

5. Work Search Verification - Labor Organization

a. Are questions on the form adequate to determine claimant's union status? Yes ☐
No ☐

WORKSHEET QC-4

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State _____ Date _____

b. Are questions on the form adequate to determine, according to SESA written law and policy, if any issues resulted from referrals to employers, referral refusals, or job refusals? Yes ☐
No ☐

c. Is space provided for signature of the investigator, signature of the person interviewed, and the date? Yes ☐
No ☐

6. Employment/Wages/Earnings Verification

a. Are questions on the form adequate to obtain, according to SESA written law and policy, reason for separation from employment, base period earnings, and earnings received during the benefit year? Yes ☐
No ☐

b. Is space provided for signature of the investigator, signature of the person interviewed, and the date? Yes ☐
No ☐

7. Disqualifying/Deductible Income Verification

a. Are questions on the form used/developed for QC adequate to determine eligibility or reductions to benefits, according to SESA written law and policy, regarding receipt of or application for pension/income/other remuneration? Yes ☐
No ☐

b. Is space provided for signature of investigator and date? Yes ☐
No ☐

8. Authorization to Release Information. If Yes ☐

required by the State, is the form used/developed for QC adequate according to SESA requirements? No ___
N/A ___

9. Factfinding Statement. Does the form used/developed for QC provide space for the signature of the person providing the information and the date? Yes ___
No ___

WORKSHEET QC-4

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State _____ Date _____

10. Dependency Eligibility Verification

a. Are questions on the form adequate to obtain, according to SESA written law and policy, information necessary to determine eligibility? Yes ___
No ___

b. Is space provided for signature of the investigator and the date? Yes ___
No ___

11. Summary of Investigation Narrative

a. Is adequate space provided on the form to enter pertinent facts of the case? Yes ___
No ___

b. If a "fill-in-the-blank" summary is used, is it adequate to summarize pertinent facts of cases? Yes ___
No ___

c. Is space provided for signature of the investigator and date? Yes ___
No ___

II. Conclusion

SESA adheres to QC requirements. ___
SESA does not adhere to QC requirements - agrees to correct. ___

SESA does not adhere to QC requirements - does not agree to correct. ___

III. Explanation _____

WORKSHEET QC-5

SAMPLE SELECTION, ASSIGNMENT, AND EXCEPTIONS REVIEW

State _____ Review Date _____

Type of Review: Progress ____ (Quarterly) Final ____

Reviewer _____ Batches: # _____

I. QUESTIONS.

A. Sample Selection and Assignment (Non-downloading States)

1. In each sample, was the number of cases
assigned the same as the number pulled? ____ Yes ____ No

2. In all samples reviewed, were the cases
assigned the same as those pulled? ____ Yes ____ No

(Downloading States)

3. In each batch checked, were the same cases down-
loaded that were pulled by ADP program? ____ Yes ____ NO

B. Adequacy of Sample Levels (all States)

1. Did this State, in one or more weeks, fall
below the minimum weekly sample? ____ Yes ____ No

2. Given the cumulative number of cases sampled
to date, is this State likely to meet its annual sample
allocation in the calendar year? ____ Yes ____ No

C. Sampling Exceptions (all States)

1. Has the State experienced exceptions which affect representativeness in its weekly samples? ____ Yes ____ No
2. Has the SESA experienced any samples which included one or more extraneous cases? ____ Yes ____ No
3. Has one or more weekly batches picked the same key week ending date for all cases, or provided other data suggesting exclusion of appropriate types of claims from weekly sampling frame(s), for example: CWCs, UCFEs, UCXs? ____ Yes ____ No

II. EXPLANATION (Describe problems or sampling exceptions SESA has experienced in sample selection or assignment, if any; detail efforts (TA or corrective action) undertaken to remedy these situations.) _____

WORKSHEET QC-6

CASE TIMELINESS

State _____ Date _____ Reviewer _____

Review for calendar year _____

Type (check one): ____ Progress - for quarter(s) _____

____ Final

I. Questions

1. What % of cases was completed within 60 days? _____
2. What % of cases was completed within 90 days? _____
-

II. Conclusion

SESA meets timeliness requirements. _____

SESA does not meet timeliness requirements - agrees to correct. _____

SESA does not meet timeliness requirements - does not need to correct. _____

SESA does not meet timeliness requirements - does not
agree to correct. _____

III. Explanation

WORKSHEET QC - 7
INVESTIGATIVE EXCEPTION REPORT

STATE _____ DATE _____ MONITOR _____

TYPE OF REPORT: ____ Progress Report - QTR. Ending _____

E=Exceptions

____ Final Report - CY _____

C=Cases with

Exceptions

I QUARTERLY COMPARISON

Cases Reviewed # Cases Qtr. # Cases Qtr. # Cases Qtr.
for QTR. _____ No Except's ____ W/ Except's ____ Multi.
Except's ____

 1st Quarter 2nd Quarter 3rd Quarter
4th Quarter
Exception Category #E #C %C #E #C %C #E #C %C
#E #C %C

The QC Unit DID NOT:

INVESTIGATIVE EXCEPTIONS

Identify an issue ____ ____ ____ ____ ____ ____ ____ ____ ____
____ ____ ____

Pursue issues to a
supportable conclusion ____ ____ ____ ____ ____ ____ ____ ____ ____
____ ____ ____

Properly resolve issue ____ ____ ____ ____ ____ ____ ____ ____ ____
____ ____ ____

PROCEDURAL EXCEPTIONS

Apply QC procedures
correctly ____ ____ ____ ____ ____ ____ ____ ____ ____
____ ____ ____

CODING EXCEPTIONS

Code case accurately ____ ____ ____ ____ ____ ____ ____ ____ ____
____ ____ ____

II YEAR TO DATE

# Cases Cases YTD	# Cases YTD	# Cases YTD	#
Reviewed ____	No Exceptions ____	With Exceptions ____	Multi.
Except's ____			

Exception Category	#E	#C	%C Affected	#E Disagreed	#C
%C Affected					

The QC unit DID NOT:

INVESTIGATIVE EXCEPTIONS

Identify an issue ____ ____ ____ ____
____ ____

Pursue issues to a
supportable conclusion ____ ____ ____ ____
____ ____

Properly resolve issue ____ ____ ____ ____
____ ____

PROCEDURAL EXCEPTIONS

Apply QC procedures
correctly ____ ____ ____ ____
____ ____

CODING EXCEPTIONS

Code case accurately ____ ____ ____ ____
____ ____

III EXPLANATION and
COMMENTS: _____

QC-8

Report Date: 08/27/1992

Case Activity Report

Case Availability As Of 08/27/1992

State	New Cases Avail	YTD RO Closed Cases	Previously Sampled Cases		
			(1)Pend	Not Rev'd	(2)Reopen
AZ	0	31	3	4	0
CA	0	0	0	0	0
HI	0	0	0	0	0
NV	0	0	0	0	0
<hr/>					
Total	0	31	3	4	0

(1) Cases reviewed and have exceptions outstanding.

(2) Regional reviewed cases closed by RO & reopened by the State after RO closure. (Any case with a reopen date greater than or equal to the RO closure date, for any reopen code.)

Cases Sampled For Calendar Year 1992

State Name	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD Total
AZ	38	0	0	0	38
CA	0	0	0	0	0
HI	0	0	0	0	0
NV	0	0	0	0	0

QC-9 - ANNUAL QC ADMINISTRATIVE DETERMINATION

State_____ Date of Completion_____

Name of Regional Staff Person

Completing Determination _____

<u>Requirement</u>	<u>Regional Office Determination</u>	
	<u>SESA Adheres</u>	<u>SESA Does Not Adhere</u>
Organization	_____	_____
Authority	_____	_____
Written Procedures	_____	_____
Forms	_____	_____
SESA Sample Selection	_____	_____
Timeliness of Case Completion	_____	_____
Investigative Procedures	<u>NA</u>	<u>NA</u>

If any requirement(s) is(are) not met, explain SESA status.
Additional narrative and documentation should be attached to
support the conclusion, if not previously transmitted.

Summary Determination:

SESA's administration of the Quality Control program

_____ meets _____ does not meet Federal regulations.

Comments:
